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Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorn	ey Docket No.	1/1144	
		Jung, Birgit	TO
Title	Method for identifying so conditions of chronic inf	ubstances which positively influe lammatory airway diseases	nce inflammatory
			V1 -==

Express Mail Label No. | EL636296388US (Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicat Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) Specification [Total Pages (preferred arrangement set forth below) a. Computer Readable Form (CRF) 3. - Descriptive title of the invention b. Specification Sequence Listing on: Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, ii. 🗹 paper (19 Pages) or a computer program listing appendix - Background of the Invention Statements verifying identity of above copies - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure Attorney (when there is an assignee) English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS Information Disclosure 5. Oath or Declaration [Total Pages Citations Statement (IDS)/PTO-1449 **Preliminary Amendment** Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuationIdivisional with Box 18 completed) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR Nonpublication Request under 35 U.S.C. 122 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 6. Application Data Sheet. See 37 CFR 1.76 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) Continuation Divisional of prior application No.:_ Prior application information: Examiner . Group Art Unit: . For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 28501 1 Correspondence address below Customer Number or Bar Code Label Name Address State Zip Code City Fax Country Telephone Registration No. (Attorney/Agent) 45,016 Susan K. Pocchiari Name (Print/Type)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

_ K.

PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

(\$) 1902.00TOTAL AMOUNT OF PAYMENT

Complete if Known		
Application Number	To be assigned	
Filing Date	8/31/01	
First Named Inventor	Jung, Birgit et al	
Examiner Name	To be assigned	
Group Art Unit	To be assigned	
Attorney Docket No.	1/1144	

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to:	Large Small				
Account 02-2955	Entity Entity Fee Fee Fee Fee Fee Fee Description	Fee Paid			
Number Deposit	Code (\$) Code (\$)	. 55 . 414			
Account Boehringer Ingelheim Corporation	105 130 205 65 Surcharge - late filing fee or oath				
Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
Applicant claims small entity status.	139 130 139 130 Non-English specification				
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination				
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to				
Check Credit card Money Other	Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after				
FEE CALCULATION	Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 390 216 195 Extension for reply within second month				
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month				
Code (4) Code (4)	118 1,390 218 695 Extension for reply within fourth month				
101 710 201 355 Utility filing fee 710.00	128 1,890 228 945 Extension for reply within fifth month				
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal				
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing				
	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 710.00	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional				
Fee from Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)				
Total Claims $64 - 20^{**} = 44 \times 18.00 = 792.00$	143 440 243 220 Design issue fee				
Independent 8 - 3** = 5 x 80.00 = 400.00	144 600 244 300 Plant issue fee				
Multiple Dependent 270.00 =	122 130 122 130 Petitions to the Commissioner				
	123 130 123 130 Petitions related to provisional applications				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)				
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))				
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))				
	179 710 279 355 Request for Continued Examination (RCE)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 1192.00	Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Susan K. Pocchiari	Registration No. (Attorney/Agent)	45, 016	Telephone	(203)798-5648	
Signature	Susa X. Pochiai			Date	8/31/01	

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